

**State of Delaware**  
**Group Health Insurance Program**  
**New Rates Effective September 1, 2015**

	<b>Total Monthly Rate</b>	<b>State Pays</b>	<b>State Share %</b>	<b>Employee / Pensioner Contributions</b>	<b>Employee Share %</b>
<b>Highmark Delaware First State Basic Plan</b>					
Employee	\$645.74	\$619.88	96%	\$25.86	4%
Employee & Spouse	\$1,336.02	\$1,282.60	96%	\$53.42	4%
Employee & Child(ren)	\$981.60	\$942.34	96%	\$39.26	4%
Family	\$1,670.08	\$1,603.30	96%	\$66.78	4%
<b>Aetna CDH Gold</b>					
Employee	\$668.32	\$634.92	95%	\$33.40	5%
Employee & Spouse	\$1,385.74	\$1,316.48	95%	\$69.26	5%
Employee & Child(ren)	\$1,021.10	\$970.06	95%	\$51.04	5%
Family	\$1,760.46	\$1,672.44	95%	\$88.02	5%
<b>Highmark Delaware CDH Gold</b>					
Employee	\$668.32	\$634.92	95%	\$33.40	5%
Employee & Spouse	\$1,385.74	\$1,316.48	95%	\$69.26	5%
Employee & Child(ren)	\$1,021.10	\$970.06	95%	\$51.04	5%
Family	\$1,760.46	\$1,672.44	95%	\$88.02	5%
<b>Aetna HMO</b>					
Employee	\$674.14	\$630.34	93.5%	\$43.80	6.5%
Employee & Spouse	\$1,421.36	\$1,328.96	93.5%	\$92.40	6.5%
Employee & Child(ren)	\$1,031.28	\$964.24	93.5%	\$67.04	6.5%
Family	\$1,773.54	\$1,658.28	93.5%	\$115.26	6.5%
<b>Highmark Delaware HMO/IPA</b>					
Employee	\$674.68	\$630.86	93.5%	\$43.82	6.5%
Employee & Spouse	\$1,425.86	\$1,333.18	93.5%	\$92.68	6.5%
Employee & Child(ren)	\$1,032.32	\$965.22	93.5%	\$67.10	6.5%
Family	\$1,778.98	\$1,663.34	93.5%	\$115.64	6.5%
<b>Highmark Delaware Comprehensive PPO Plan</b>					
Employee	\$737.22	\$639.54	86.75%	\$97.68	13.25%
Employee & Spouse	\$1,529.78	\$1,327.10	86.75%	\$202.68	13.25%
Employee & Child(ren)	\$1,136.16	\$985.64	86.75%	\$150.52	13.25%
Family	\$1,912.44	\$1,659.06	86.75%	\$253.38	13.25%
<b>Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012</b>					
Special Medicfill with Prescription	\$362.98	\$362.98	100%	\$0.00	0%
Special Medicfill <b>without</b> Prescription	\$205.80	\$205.80	100%	\$0.00	0%
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D					
<b>Highmark Delaware Medicare Supplement for Pensioners Retired After July 1, 2012</b>					
Special Medicfill with Prescription	\$362.98	\$344.84	95%	\$18.14	5%
Special Medicfill <b>without</b> Prescription	\$205.80	\$195.51	95%	\$10.29	5%
*Medicare Supplement plan WITHOUT precription is provided for Medicare Beneficiaries enrolled in Medicare Part D					
<b>Dominion Dental HMO</b>					
Employee	\$24.74	\$0.00	0%	\$24.74	100%
Employee & Spouse	\$46.00	\$0.00	0%	\$46.00	100%
Employee & Child(ren)	\$49.58	\$0.00	0%	\$49.58	100%
Family	\$67.32	\$0.00	0%	\$67.32	100%
<b>Delta Dental PPO plus Premier</b>					
Employee	\$35.34	\$0.00	0%	\$35.34	100%
Employee & Spouse	\$72.14	\$0.00	0%	\$72.14	100%
Employee & Child(ren)	\$70.82	\$0.00	0%	\$70.82	100%
Family	\$118.18	\$0.00	0%	\$118.18	100%
<b>EyeMed Vision Plan</b>					
Employee	\$6.30	\$0.00	0%	\$6.30	100%
Employee & Spouse	\$9.94	\$0.00	0%	\$9.94	100%
Employee & Child(ren)	\$10.14	\$0.00	0%	\$10.14	100%
Family	\$16.36	\$0.00	0%	\$16.36	100%